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((H95000005994))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: EMPIRE CORPORATE KIT COMPANY

DEPARTMENT OF STATE

1492 W FLAGLER ST

STATE OF FLORIDA

SUITE 200

409 EAST GAINES STREET

MIAMI FL 33135-

TALLAHASSEE, FL 32399

CONTACT: RAY STORMONT

FAX: (904) 922-4000

PHONE: (305) 541-3694

FAX: (305) 541-3770

((H95000005994)))

DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP

NAME: SHERIDAN GLEN, LTD.

FAX AUDIT NUMBER: H95000005994

CURRENT STATUS: REQUESTED

DATE REQUESTED: 05/30/1995

TIME REQUESTED: 09:20:21

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 5

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cc 5/30/95 aw

TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

OF

SHERIDAN GLEN, LTD.

**ARTICLE I.
NAME**

SHERIDAN GLEN, LTD.

**ARTICLE II.
ADDRESS OF LIMITED PARTNERSHIP**

101 N. W. 72nd Avenue, Plantation, Florida 33317-2214.

**ARTICLE III.
ADDRESS FOR SERVICE OF PROCESS
PURSUANT TO FLORIDA STATUTE 620.105**

101 N. W. 72nd Avenue, Plantation, Florida 33317-2214.

**ARTICLE IV.
NAME AND ADDRESS OF GENERAL PARTNER**

**SHERIDAN GLEN, INC., 101 N. W. 72nd Avenue, Plantation,
Florida 33317-2214.**

**ARTICLE V.
MAILING ADDRESS OF LIMITED PARTNERSHIP**

101 N. W. 72nd Avenue, Plantation, Florida 33317-2214.

**ARTICLE VI.
DATE OF DISSOLUTION**

**The latest date upon which the Partnership shall dissolve is
December 31, 2035.**

GENERAL PARTNER:

**SHERIDAN GLEN, INC.,
a Florida corporation**

By:

George E. McCardle, President

**Filed by:
Stewart A. Morkin, Esq.
Morkin, Levin & Isaacs, PA
444 Brickell Ave., Suite 300
Miami, Florida 33131
Tel. (305) 350-3800
Fla. Bar No. 133444**

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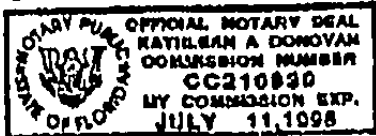
STATE OF FLORIDA)
COUNTY OF DADE }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared, George E. McArdle, President of SHERIDAN GLEN, INC., a Florida corporation, (who is personally known by me or who produced as identification) and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 22nd day of May, 1995.

Kathleen A. Donovan
Notary Public, State of Florida

My Commission Expires:



TALLAHASSEE, FLORIDA

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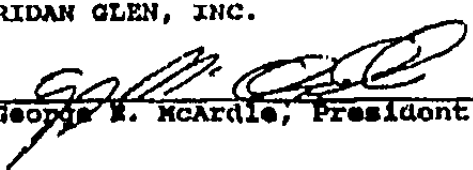
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for SHERIDAN GLEN, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

SHERIDAN GLEN, INC.

By:


George E. McCardle, President

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TALLAHASSEE, FLORIDA

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AFFIDAVIT

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared George E. McArdle, President of SHERIDAN GLEN, INC., a Florida corporation, General Partner of SHERIDAN GLEN, LTD., a Florida Limited Partnership, who, after being duly sworn, depose and say as follows:

It is anticipated that the total amount of \$7,500.00 will be contributed by the Partners of the Limited Partnership.

Further Affiant Sayeth Naught.

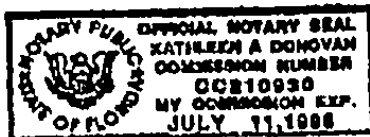
SHERIDAN GLEN, INC.,
a Florida Corporation,
General Partner

By: George E. McArdle
George E. McArdle, President

STATE OF FLORIDA)
COUNTY OF DADE)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared, George E. McArdle, President of SHERIDAN GLEN, INC., a Florida corporation, (who is personally known to me or who produced _____ as identification) and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 23rd day of May, 1995.



Kathleen A. Donovan
Notary Public, State of Florida

TALLAHASSEE, FLORIDA

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of Florida

TALLAHASSEE, FLORIDA

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FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000813

SHERIDAN GLEN, LTD.

Mailing Address
101 NW 72ND AVE.
PLANTATION FL 33317-2214

Principal Office Address
101 NW 72ND AVE.
PLANTATION FL 33317-2214

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA
05/30/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$7,500.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number
65-0587356

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$6 Fee Assessment Fee required
for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2.) Supplemental Fee: \$138.75 (pursuant to section 907.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75).
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

SHERIDAN GLEN, INC.
101 NW 72ND AVE.
PLANTATION FL 33317-2214

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

SHERIDAN GLEN, INC.

101 NW 72ND AVE.

PLANTATION FL 33317

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this form is true and correct. I am a General Partner of the limited partnership, receiver or trustee of the partnership, and I am authorized to execute this form. I further certify that the information indicated on this annual report is true and correct and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee of the partnership, and I am authorized to execute this form.

SIGNATURE

G. McCall

DATE

9/29/95

Type or Print Name of General Partner Signing Form

George E. McCall, Jr.

Telephone Number

(305) 551-9119